

Information Technology Services

Data Network Service Request Form

1. Date of Request: ____ / ____ / ____

Typical WAN service installation occurs between 45-60 days from date of **FULLY COMPLETED** request form. Typical WAN service termination occurs between 30-45 days from date of request. (**Note:** Service targets will be extended if **FULLY COMPLETED** request forms are **NOT** submitted.)

2. Requesting Agency

Name: _____
 Federal ID #: _____
 Fiscal Office _____
 Billing Address: _____
 Street Address: _____
 City, State, Zip: _____
 Fiscal Office/Budget Authorization Signature: (*)

Name: (print) _____
 Name: (signature) _____

Dept./Bill Code: ____ / ____
 Budget-Fund _____
 (DAS, DBS, Univ or other) : ____ - ____ - ____
 (Any questions concerning proper bill code information, please contact SIPS/Financial Administration, at 919-981-5371.)

IS Department Contacts

MIS Director: (print) _____
 eMail@: _____
 LAN Administrator: _____
 eMail@: _____

(*) Signature indicates agreement to terms and conditions of the Wide Area Network Service Level Agreement.

3. Request Type :

New Service ☐ Upgrade ☐ Reconfigure ☐ Relocate ☐ Billing Change ☐ Termination ☐
 Shared Service (y/n) ☐ (Shared Service requires STS-04 form)

Site-id/PU (for existing sites only): _____ System/District-id (for EDU Net customers only): _____

Service Type	Connection Specifications											# of IP Addressable		Optional Features							
	Bandwidth											Connection Interface		Devices or SNA Port							
	Kbps				Mbps							Ethernet	Token	Serial	Current	within	IPX	DLSw	Firewall		
	9.6	56/64	128	256	1.5	3	6	10	20	30	40		Ring		#	Year			S	M	L
ANCHOR Net																					
Primary Port																					
# Secondary Ports																					
Vendor Access																					
EDU Net																					
Local Site																					
ANCHOR Net Main																					
eXternal Net																					
Primary Port																					
SNA																					
Options																					

Address of Service Installation
 (Physical location where service is to be installed)

Site Name: _____
 Street Address: _____
 City, State, Zip: _____
 County: _____
 Bldg., Room #: _____

Current Service Address

Site Name: _____
 Street Address: _____
 City, State, Zip: _____
 County: _____
 Bldg., Room #: _____

On-Site Technical Contact
 (Provide only one contact for shared sites)

Name: (print) _____
 eMail@: _____
 Telephone #: _____

Building Access Contact
 (for access to site, if not Technical Contact)

Name: (print) _____
 eMail@: _____
 Telephone #: _____

Note: If either **eXternal Net** service, **IPX**, **DLSw**, **Firewall** or **SNA** is specified, please complete page 2.

ITS internal use only: Received : _____		Acknowledged : _____	
PNMS Ref. # _____	Site # _____	Lata# _____	Group# _____

4. IPX ,DLSw and SNA Feature Specifications

	IPX (+)	DLSw					SNA
		PU Network Connection Type			(Specify for type Serial)		
		Ethernet	T/R	Serial	IDNUM	IDBLOCK	NodeID
Ethernet IPX Network Number							
Ethernet Encapsulation Type							
Tokenring IPX Network Number							
Tokenring Encapsulation Type							
PU Names to be connected							
1)							
2)							
3)							
4)							

(*) IPX Transport Charge is applicable

5. eXternal Network Specifications

Please provide a network diagram/layout for each routed network and specify the following:

1. Agency name for each network if different than "Requesting Agency": _____
2. Current # of devices/hosts requiring IP addresses : _____
3. Projected # of devices/hosts requiring IP addresses within a year: _____

6. Firewall Specifications

Firewall Type	Network Service Type	# IP Addressible Stations
Small		
Medium		
Large		

Security Administrator (person authorized to request changes to firewall policy and receive operational reports)

Name _____

Phone # _____

eMail @ _____

7. Remarks/Special Instructions:
